What is claimed is:

1.   A system for benefits management, comprising:
       a server including an application interface and access to a data store having one or more client files, wherein a client file can include a definable set of business rules for managing and administering benefits and can include fund use rules for accessing and applying funds to claims from one or more accounts; and
       a program operable on the server to apply the definable set of business rules in connection with processing a claim.

2.   The system of claim 1, wherein the one or more accounts include a health reimbursement arrangement (HRA) account.

3.   The system of claim 1, wherein the definable set of business rules are definable by a plan sponsor of a health insurance plan.

4.   The system of claim 1, wherein the one or more client files include plan sponsor files associated with a health care insurance plan.

5.   The system of claim 4, wherein the program can track adjudicated claims submitted by a plan member and can apply the definable set of business rules to manage available funds in a flexible spending account (FSA) and a health reimbursement arrangement (HRA) account secondary to application of a plan carrier's business rules for the health care insurance plan.

6.   The system of claim 1, wherein the definable set of business rules include:
       a selection of which funds between a flexible spending account (FSA) and a health reimbursement arrangement (HRA) are to be applied first to an adjudicated claim determined among selected categories within particular classes of services; and
       a selection of a payment relationship between a plan sponsor and a plan member among selected categories within particular classes of services.

7.   The system of claim 6, wherein the selected categories include categories selected from the group of:

an insured category;

a co-pay category;

a deductible category;

a co-insurance category; and

an ineligible category.

8.   The system of claim 6, wherein particular classes of services include in-network classes and out-of-network classes for services selected from the group of:

a preventive care service;

an office visit;

a hospital service;

an urgent care center service;

a prescription service;

a dental service;

a vision service;

a chemical dependency service; and

an emergency room service.

9.   The system of claim 6, wherein the selection of a payment relationship includes a plan sponsor rule selection from among the group of:

a percentage payment amount; and

a fixed payment amount among selected categories within particular classes of services.

10.   The system of claim 6, wherein the selection of which funds between the FSA and the HRA are to be applied includes a selection of a plan sponsor rule and a member rule.

11.   The system of claim 1, wherein the one or more client files include one or more member files accessible from a remote device by one or more entities having authorized access rights, the one or more entities selected from the group of:

a plan sponsor;

a plan member; and

a third party administrator.

12.   The system of claim 1, wherein each client file is associated with a plan sponsor and wherein the plan sponsor can access its associated client file from a remote device to select among the definable set of business rules.

13.   A system for benefits management, comprising:

a server including an application interface and access to a data store having one or more member files, wherein a member file includes a selectable set of business rules governing a member's access to a number of accounts for handling post adjudicated health care claims; and

a program executable on the server to allow a sponsor to define the selectable set of business rules.

14.   The system of claim 13, wherein the number of accounts include a pre-tax health benefits account and a post-tax spending account.

15.   The system of claim 13, wherein the number of accounts are selected from the group of:

a flex spending account (FSA);

a health reimbursement arrangement (HRA) account;

a vacation account;

a fitness club account;

a retiree health benefits account; and

a salon account.

16.   A method for providing benefits, comprising:

selecting a health benefits plan having a set of business rules defined by a plan carrier; and

defining a number of plan sponsor rules to be applied in addition to the set of business rules defined by the plan carrier.

17.   The method of claim 16, wherein the method further includes defining a number of member rules to be applied secondary to the number of plan sponsor rules.

18.   The method of claim 16, wherein defining a number of plan sponsor rules includes selecting a plan sponsor payment participation among selected categories for particular types of health care service claims.

19.   A computer readable medium including a program to perform a method, comprising:
        defining a number of plan sponsor rules to be applied secondary to the application of a set of business rules defined in a health insurance plan by a plan carrier; and
        defining a number of member rules to be applied in conjunction with the number of plan sponsor rules.

20.   The medium of claim 19, wherein defining a number of plan sponsor rules includes selecting a payment relationship between a plan sponsor and a plan member for handling a deductible payment associated with a particular claim type under the health insurance plan.

21.   The medium of claim 19, wherein defining a number of plan sponsor rules includes selecting a payment relationship between a plan sponsor and a plan member for handling a co-payment associated with a particular claim type under the health insurance plan.

22.   The medium of claim 19, wherein defining a number of plan sponsor rules includes selecting a payment relationship between a plan sponsor and a plan member for handling a coinsurance payment associated with a particular claim type under the health insurance plan.

23.   The medium of claim 19, wherein defining a number of plan sponsor rules includes a plan sponsor selecting a hierarchy among a number of plan member health benefit accounts for application of funds to a particular claim type under the health insurance plan.

24.   The medium of claim 23, wherein defining a number of member rules includes a plan member selecting a hierarchy among a number of plan member health benefit accounts for application of funds to a particular claim type under the health insurance plan secondary to the number of plan sponsor rules.

25. The medium of claim 19, wherein the method further includes tracking usage and available balances in a number of plan member health benefit accounts according to the number of plan sponsor rules and member rules.

26. A method for providing benefits, comprising:
selecting a health benefit plan offered by a plan carrier; and
further defining rules in addition to rules defined for the health benefit plan by the plan carrier in order to manage fund allocation from a number of plan member benefit accounts, including a health reimbursement account, according to different categories of services.

27. The method of claim 26, wherein further defining rules includes defining a number of plan sponsor rules associated with different categories of services.

28. The method of claim 26, wherein further defining rules includes defining a number of member rules associated with different categories of services.

29. The method of claim 26, further defining rules includes:
selecting which funds between funds in multiple health benefit accounts are to be applied first to a post-adjudicated claim under the health care plan according to various claim type categories; and
selecting a payment relationship between a plan sponsor and a plan member according to various claim type categories associated with different types of services.

30. The method of claim 29, wherein selecting a payment relationship includes defining a plan sponsor percentage payment amount for certain claim type categories associated with different types of services.

31. The method of claim 30, wherein defining a plan sponsor percentage payment amount for certain claim type categories associated with different types of services includes:
selecting a plan sponsor percentage payment amount for an insured category;
selecting a plan sponsor percentage payment amount for a co-pay category;

selecting a plan sponsor percentage payment amount for a deductible category; and

selecting a plan sponsor percentage payment for a co-insurance category depending on the type of service.

32.   The method of claim 29, wherein selecting a payment relationship includes defining a plan sponsor fixed payment amount for certain claim type categories associated with different types of services.

33.   The method of claim 32, wherein defining a plan sponsor percentage payment amount for certain claim type categories associated with different types of services includes:

selecting a plan sponsor fixed payment amount for an insured category;

selecting a plan sponsor fixed payment amount for a co-pay category;

selecting a plan sponsor fixed payment amount for a deductible category; and

selecting a plan sponsor fixed payment amount for a co-insurance category depending on the type of service.

34.   The method of claim 26, wherein the different categories of services include in-network categories and out-of-network categories for services selected from the group of:

a preventive care service;

an office visit;

a hospital service;

an urgent care center service

a prescription service;

a dental service;

a vision service;

a chemical dependency service; and

an emergency room service.